



2142

CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

Mail Stop: Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

on 1/22/04

[Signature]
Jeffrey R. Kuester

RECEIVED

JAN 28 2004

Technology Center 2100

In Re Application of:

Koperda, *et al.*

Serial No.: 09/588,211

Filed: June 6, 2000

Group Art Unit: 2142

Examiner: Cardone, Jason

Docket No.: A-6553 (191910-1061)

For: **SYSTEM AND METHOD FOR PROVIDING STATISTICS FOR FLEXIBLE BILLING IN A CABLE ENVIRONMENT**

The following is a list of documents enclosed:

- Return Postcard
- Amendment Transmittal Page
- Third Resonse with Amendmetns and Remarks

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

AMENDMENT TRANSMITTAL LETTER (LARGE)Applicant(s): **Koperda, et al.**

Docket No.

A-6553 - (191910-1061)Serial No.
09/588,211Filing Date
June 6, 2000Examiner
Jason D. CardoneConfirmation No.
9999Group Art Unit
2142Invention: **SYSTEM AND METHOD FOR PROVIDING STATISTICS FOR FLEXIBLE BILLING IN A CABLE ENVIRONMENT**Commissioner for Patents
Mail Stop Non-Fee Amendment
P.O. Box 1450
Alexandria VA 22313-1450**RECEIVED****JAN 28 2004****Technology Center 2100**


Transmitted herewith is the Third Response with Amendments and Remarks in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10 -	-28 =	0	X \$18.00	\$0
INDEP. CLAIMS	1 -	-5 =	0	X \$86.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$290.00	\$0
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> 110.00	2 ND MONTH <input type="checkbox"/> 420.00	3 RD MONTH <input type="checkbox"/> 950.00	4 TH MONTH <input type="checkbox"/> 1,480.00	\$0
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0

- ☒ No additional fee is required for the Third Response with Amendments and Remarks.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$ _____
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778. A duplicate copy of this page is enclosed.



Jeffrey R. Kuester, Reg. No. 34,367

Date